

BUCKEYE UNION HIGH SCHOOL
BUSINESS DEPARTMENT

SHADOWING DAY EXPERIENCE

CONSENT AND RELEASE

This consent and release is executed by the undersigned student and the undersigned parent, or other persons who are responsible for the undersigned student.

In consideration of the selection of the undersigned student to participate in the Shadowing Day experience on February 20 2003, the undersigned herewith agree to the participation by the undersigned student and hereby, for ourselves, our heirs, executors and administrators waive, release and forever discharge any and all rights and claims for damage which the undersigned may have or which may hereafter accrue against Buckeye School district or their respective officers, agents, representatives, successors, and/or assigns, for any and all injuries which may be sustained and suffered by the undersigned student in connection with or arising out of participation in the above on February 20, 2003.

I have read and understand the enclosed information.

Date

Student Signature

Date

Signature of Parent of Person Responsible

THIS SHEET NEEDS TO BE RETURNED TO YOUR BUSINESS TEACHER NO
LATER THAN MONDAY FEBRUARY 17, 2003

STUDENT AND COMPANY INFORMATION SHEET

Each year the Business Class at Buckeye Union High School completes a unit on career exploration. The shadowing experience is a major step designed to allow students to evaluate a career through an actual experience. Shadowing Day is a day when students gain information to help them in their choices. This is a great way for students to begin to identify career interests. Shadowing Day heightens the awareness of careers in today's job market and options for post-secondary education.

Thank you for participating in shadowing day. With your help today, students will see the challenges they have in the new millennium. Please let your co-workers know in advance that you will have a shadow with you on Thursday, February 20, 2003.

Below you will find information that will be helpful to you, the student, and to the person you are going to shadow. Please provide “the shadow” with directions and a phone number where you can be reached Thursday morning if a student needs to cancel due to illness. Please call the student to cancel.

CERTIFICATION OF ACCEPTANCE

_____ may participate in Career Exploration experience on
Thursday February 20, 2003 (Approximately 7:30 a.m. – 3:30 p.m.)

(Business Name and Address)

Sponsored by _____
(Name and title of person to be shadowed – please print)

(Signature of Sponsor)

(Telephone Number)

(Title)

(FAX Number)

The student shadowing you must return this sheet to his/her Business teacher no later than Monday, February 17, 2003. If possible, please provide the student with a job application on shadowing day. Thank you in advance. If you have any questions, please call the student's Business teacher (Mrs. Hunt or Mrs. Drew at 623-386-4423 ext. 251, or ext. 253).